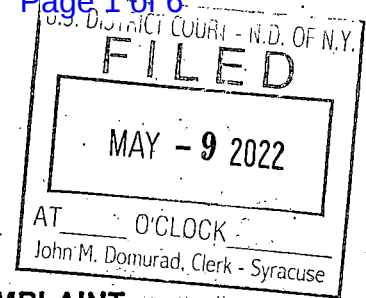


UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK



William Rivera

Plaintiff(s),

v.

Anthony J. Annucci  
Acting Commissioner

Defendant(s).

**COMPLAINT**  
(Pro Se Prisoner)

Case No. \_\_\_\_\_  
(Assigned by Clerk's  
Office upon filing)

**Jury Demand**

☒ Yes  
☐ No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

**I. LEGAL BASIS FOR COMPLAINT**

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)  
☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)  
☐ Other (please specify) \_\_\_\_\_

## INSTRUCTIONS FOR FILING A COMPLAINT

Observe the following instructions for completing a complaint and commencing your federal court action in the Northern District of New York. Generally speaking, a civil action may be filed in this Court only if one or more of the defendants resides here in the Northern District of New York or if "a substantial part" of the events or omissions giving rise to your claims occurred in this District. See 28 U.S.C. § 1391.

1. **Prison Grievance Procedures:** Prisoners filing an action in federal court regarding prison conditions must first exhaust available administrative remedies (such as the prison's grievance procedures). See 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies before filing your action in federal court.
2. **Contents:** The form complaint should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8½ by 11 paper to your complaint. You should not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature. The complaint does not need to be notarized.
3. **Defendants, Facts, and Claims:** You must identify each defendant by name and provide factual allegations of wrongful conduct by each defendant. For example, if you are suing a correctional officer who allegedly violated your rights, state the officer's name, the date and location of the incident and how the officer was involved in the alleged wrongdoing. If a defendant's name is not known, refer to the defendant as "Doe" and provide as much identifying information as you can (e.g., "John Doe, Sgt., Mohawk Correctional Facility, B-Block, 7 a.m. to 3 p.m. shift on May 1, 2015."). You must also briefly describe each claim you are seeking to assert and the defendants against whom each claim is asserted.
4. **Copies:** You must send the Clerk of the Court the complaint with your original signature. You should keep a copy for your records. If your complaint survives the Court's initial review, you will be directed to provide additional exact copies of the complaint for service of process. Copies can be photocopied, handwritten, or typewritten, but all copies must be identical to the original.
5. **Fee:** The filing fee to maintain an action in federal court is currently \$400, payable to the Clerk of the Court, USDC, NDNY by certified check, bank check, or money order. If filing in person, you may also pay by cash. If you are granted in forma pauperis ("IFP") status (see below) and are a prisoner, the filing fee is \$350 and is payable over time in installments from funds available in your inmate account.
6. **Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed IFP pursuant to 28 U.S.C. § 1915 by completing an IFP application. If you are a prisoner, the IFP application must be certified by an appropriate official at your facility; you must also sign and submit an Inmate Authorization. A prisoner who has, on three or more occasions while incarcerated or detained, brought an action or appeal in a federal court that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, may not be granted IFP status in a subsequent action unless the prisoner is under imminent danger of serious physical injury when the action is commenced. See 28 U.S.C. § 1915(g).
7. **Service of Process:** If you do not have IFP status, you will be responsible for service of process on the defendants in accordance with the Federal Rules of Civil Procedure. See Fed. R. Civ. P. 4. If you are granted IFP status, the U.S. Marshal will be directed to serve the defendants on your behalf.
8. **Filing:** When you have completed the forms, mail the originals to:

JOHN DOMURAD, CLERK  
United States District Court  
Federal Building, P.O. Box 7367  
100 S. Clinton Street  
Syracuse, New York 13261-7367

Keep this page and a copy of the complaint for your records.

II. PLAINTIFF(S) INFORMATION

Name: William Rivera  
Prisoner ID #: 06-A-6469  
Place of detention: Groveland CF  
Address: P.O. Box 50  
Sonyea, New York 14556

Indicate your confinement status when the alleged wrongdoing occurred:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner  
☐ Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration:

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets of paper may be used and attached to this complaint.

III. DEFENDANT(S) INFORMATION

Defendant No. 1: Anthony J. Annucci  
Name (Last, First)  
Acting Commissioner - NYS DOCCS  
Job Title  
1227 Washington Ave. Harriman State Campus  
Work Address  
Albany, New York 12226  
City State Zip Code

Defendant No. 2: \_\_\_\_\_  
Name (Last, First)  
\_\_\_\_\_  
Job Title

Defendant No. 3:

Work Address

City State Zip Code

Name (Last, First)

Job Title

Work Address

City State Zip Code

Defendant No. 4:

Name (Last, First)

Job Title

Work Address

City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

#### IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

Date of incident: August 28, 2016 : 11:55 A.M.

Sing Sing Correctional Facility

On the above date and time while in the care, custody and control of the New York State Dept. of Corrections and Community Supervision, I, William Rivera was attacked by an inmate (Bonilla #98-A-7337) in the messhall. At that time I suffered a cut to my left eyebrow that needed seven stitches. I also suffered bruising to my face as well.

See attached medical files and misconduct reports for proof of occurrence and harm to me.

#### V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

**FIRST CLAIM**

NYS Dept of Corrections failed to protect me as  
stated in NYS DOCCS Rules, and I sustained injuries due  
to that.

**SECOND CLAIM**

**THIRD CLAIM**

**VI. RELIEF REQUESTED**

State briefly what relief you are seeking in this case.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: April 30, 22

William Rivers  
Plaintiff's signature  
(All plaintiffs must sign the complaint)